

The University of the State of New York
 THE STATE EDUCATION DEPARTMENT

**PROPOSED BUDGET FOR A
 FEDERAL OR STATE PROJECT
 FS-10 (03/15)**

= Required Field

Local Agency Information		
Funding Source:	ESSER	
Report Prepared By:	Cathy Meher	
Agency Name:	Gloversville School District	
Mailing Address:	234 Lincoln St.	
	Street	
	Gloversville	NY 12078
	City	State Zip Code
Telephone # of Report Preparer:	(518) 775-5706	County: Fulton
E-mail Address:	cmeher@gesdk12.org	
Project Funding Dates:	3/13/2020 Start	9/30/2022 End

INSTRUCTIONS
<ul style="list-style-type: none"> • Submit the original FS-10 Budget and the required number of copies along with the completed application directly to the appropriate State Education Department office as indicated in the application instructions for the grant program for which you are applying. DO NOT submit this form to Grants Finance. • The Chief Administrator's Certification on the Budget Summary worksheet must be signed by the agency's Chief Administrative Officer or properly authorized designee. • An approved copy of the FS-10 Budget will be returned to the contact person noted above. A window envelope will be used; please make sure that the contact information is accurate and confined to the address field without altering the formatting. • For information on budgeting refer to the Fiscal Guidelines for Federal and State Aided Grants at http://www.oms.nysed.gov/cafe/guidance/.

SALARIES FOR PROFESSIONAL STAFF			
Subtotal - Code 15			\$814,753
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Allowable Activity 12			
Teacher (Kucel)	1.00	\$42,703	\$42,703
Teacher (Hurley)	1.00	\$48,377	\$48,377
Teacher (Jjavarone)	1.00	\$42,703	\$42,703
Teacher (Glodstein)	1.00	\$44,863	\$44,863
Teacher (Wright)	1.00	\$46,562	\$46,562
Teacher (Haley)	1.00	\$44,866	\$44,866
Teacher (Murphy)	1.00	\$78,892	\$78,892
Teacher (Murphy)	1.00	\$46,202	\$46,202
Teacher (Farber-Peck)	1.00	\$80,707	\$80,707
Teacher (Betz)	1.00	\$46,202	\$46,202
Teacher (Parslow)	1.00	\$44,762	\$44,762
Teacher (Yager)	1.00	\$44,402	\$44,402
Teacher (Connors)	1.00	\$58,914	\$58,914
Teacher (Makrin)	1.00	\$57,098	\$57,098
stipends for staff training in remote learning	1.00	250 staff x \$35/hr x 5 hrs/day x 2 days	\$87,500

SALARIES FOR SUPPORT STAFF			
Subtotal - Code 16			\$202,598
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Allowable Activity 12			
substitute cleaners	1.00	8 staff x \$13.19/hr x 8 h/d x 240 days	\$202,598

PURCHASED SERVICES			
Subtotal - Code 40			\$10,000
Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Allowable Activity 8			
Consultant/Trainers for remote learning instruction	TBD	2 days x \$5,000/day	\$10,000

SUPPLIES AND MATERIALS			
Subtotal - Code 45			\$293,071
Description of Item	Quantity	Unit Cost	Proposed Expenditure
Allowable Activity 7			
Masks, gloves, face shields, wipes, thermometers	1.00	\$55,000.00	\$55,000
sneeze guards and lexan	1.00	\$8,162.00	\$8,162
sanitizing supplies & electrostatic sprayers	1.00	\$48,298.00	\$48,298
signage	1.00	\$14,000.00	\$14,000
Air filters	1.00	\$10,846.00	\$10,846
Coolers for transporting food to feeding sites	1.00	\$170.00	\$170
Allowable Activity 9			
student chromebooks	600.00	\$239.00	\$143,400
Set aside for non-public schools			
Allowable Activity 7			
PPE	1.00	\$6,597.00	\$6,597
Allowable Activity 9			
Technology purchases - hot spots, chromebooks	1.00	\$6,598.00	\$6,598

Employee Benefits	
Subtotal - Code 80	
\$62,678	
Benefit	Proposed Expenditure
Social Security	\$62,678
Retirement	New York State Teachers
	New York State Employees
	Other - Pension
Health Insurance	
Worker's Compensation	
Unemployment Insurance	
Other(Identify)	

Page 7 of 7
BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$814,753
Support Staff Salaries	16	\$202,598
Purchased Services	40	\$10,000
Supplies and Materials	45	\$293,071
Travel Expenses	46	
Employee Benefits	80	\$62,678
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		\$1,383,100

Agency Code:

Project #:

Contract #:

Agency Name:

FOR DEPARTMENT USE ONLY


Funding Dates: _____ From _____ To _____

Program Approval: _____ Date: _____

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Voucher #	First Payment	

CHIEF ADMINISTRATOR'S CERTIFICATION

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal (or State) award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

3/26/21 

Date Signature

David Halloran, Superintendent of Schools
Name and Title of Chief Administrative Officer

Finance: Logged _____

Approved _____

MIR _____